ELECTRICAL, HEATING & COOLING, AND WRECKING LICENSE REQUIREMENTS:

Please make checks payable to "The City of Indianapolis"

GENERAL INFORMATION:

Please submit all documentation required for the filing status for which you are applying. The names on all documentation (application, certificate of insurance, bond, and workman's compensation) must read exactly the same. This License will be renewable every two (2) years after the December 31st, expiration date.

License Holders and Corporations/LLC's have separate fees and each must fill out a craft company application.

LICENSE FEES:

New listings: \$395.00

Time frame remaining 365-548 days: \$295.00 (July 1st – Dec. 31st even years) Time frame remaining 1-364 days: \$200.00 (Jan. 1st – Dec 31st odd years)

Renewals: \$315.00

AGENTS: 1-5 agents no charge, 6 or more agents \$65.00 each

LICENSE REQUIREMENTS:

Sole Proprietors: Insured/principal should be listed as the "Sole Proprietor DBA (doing business as) the Business Name" Partnerships: Insured/principal should be listed as the "Partners DBA (doing business as) the Partnership Name.

DBA's, that do not include the surname of the proprietor or partner, must register in the county in which the business is located. Proof of the DBA registration must be submitted with this application. If the county does not record DBA's the contractor should submit a letter stating the county policy. For DBA's located in Marion County, contact the Marion County Recorders Office at (317) 327-4020.

APPLICATION

<u>Must</u> have dated signature of sole proprietor, partner, or officer of the corporation (attesting that information is complete and accurate) Must list at least one license holder authorized to obtain permits

GENERAL LIABILITY INSURANCE CERTIFICATE

Must have a certificate of insurance

Must have minimum of \$500,000 for each occurrence of death or bodily injury

Must have minimum of \$100,000 for each occurrence of property damage.

OR <u>Must</u> have Combined single limit coverage which covers both bodily injury and property damage, minimum of \$500,000 per occurrence

<u>Must</u> indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance)

 $\underline{\text{Must}}$ identify the effective and expiration dates of the coverage $\underline{\text{Must}}$ name the sole proprietor, partnership, or corporation as the insured

 $\underline{\text{Must}}$ list the name, address, and phone number of the insurance agent

Must indicate coverage for "Electrician", "Heating & Cooling Work", or "Wrecking"

Must not limit coverage to a single job

<u>Must</u> name the "Consolidated City of Indianapolis" as Additional Insured

<u>Must</u> list the City of Indianapolis as Certificate Holder <u>Must</u> notify the Division of Compliance, in writing, at least 15 days prior to cancellation

• SURETY BOND OR BOND CONTINUATION CERTIFICATE

Must show the bond number

Must list the name, address, and phone number of the bonding company

Must list the name, address, and phone number of the insurance agent

Must be in the amount of \$10,000 for Electrical Contractor

Must be in the amount of \$5,000 for Heating & Cooling Contractor Must be in the amount of \$30,000 for Wrecking Type A Contractor

Must be in the amount of \$30,000 for Wrecking Type A Contractor Must be in the amount of \$20,000 for Wrecking Type B Contractor

Must be in the amount of \$10,000 for Wrecking Type C Contractor

<u>Must</u> name the "Consolidated City of Indianapolis and/or an Unknown Third Party" as Obligee

<u>Must</u> indicate coverage for a Electrical Contractor, Heating/Cooling Contractor, or Wrecking Contractor

<u>Must</u> be signed by the principal (If partnership, all partners must sign bond)

Must be valid through license period

WORKMAN'S COMPENSATION INSURANCE

Corporations:

Due to the nature of a corporation, the owner/principal becomes an employee of the corporation (including Sub-S Corporations). By Indiana Sate Law they are required to carry workman's compensation coverage – at least covering the owner/principal. Must carry Workman's Compensation Insurance for workers employed in Indianapolis/Marion County Must identify the effective and expiration dates of coverage Must indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance)

Limited Liability Companies:

If you have employees:

<u>Must</u> carry Workman's Compensation Insurance for workers employed in Indianapolis

<u>Must</u> identify the effective and expiration dates of coverage <u>Must</u> indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance)

If you do NOT have employees:

<u>Must</u> submit signed letter on letterhead stating that neither the company nor the principals have any employees at this time. If in the future employees are hired, a certificate of insurance reflecting workman's compensation coverage will be provided to the Division of Compliance.

Partnerships and Sole Proprietors:

If you have employees:

<u>Must</u> carry Workman's Compensation Insurance for workers employed in Indianapolis

<u>Must</u> identify the effective and expiration dates of coverage <u>Must</u> indicate the policy number or indicate "Binder" (a binder is only valid for 30 days from date of issuance)

If you do NOT have employees:

<u>Must</u> complete the workman's compensation waiver on the application

Revised 11/14/2006